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CONFIRMATION NO. 9497

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|--|---|-----------------------------------|---|--|
| SERIAL NUMBER 10/816,279 | FILING OR 371(c) DATE 04/01/2004 RULE | CLASS 600 | GROUP ART UNIT 3735 | ATTORNEY DOCKET NO. 163P006(B) |
| APPLICANTS Jeffrey A. Kline, Charlotte, NC; | | | | |
| ** CONTINUING DATA ***** This application is a CIP of 10/400,339 03/26/2003 PAT 7,083,574 which is a DIV of 09/965,303 09/27/2001 PAT 6,575,918 | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 06/16/2004 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____ | | STATE OR COUNTRY NC | SHEETS DRAWING 9 | TOTAL CLAIMS 45 |
| | | | | INDEPENDENT CLAIMS 4 |
| ADDRESS 28264 | | | | |
| TITLE NON-INVASIVE DEVICE AND METHOD FOR THE DIAGNOSIS OF PULMONARY VASCULAR OCCLUSIONS | | | | |
| FILING FEE RECEIVED 953 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |